Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

		TION FOR R DESIGN	Attorney Docket Number	90084			
PATENT APPLICATION (37 CFR 1.63)			First Named Inventor Thomas A. DeBusk COMPLETE IF KNOWN				
Declaration Submitted with Initial Filing	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)					
			Application Number	To Be Assigned			
			Filing Date	Of Even Date			
			Group Art Unit				
			Examiner Name				

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Contamina	ANT REMOVAL SYST	EM AND METHOD	FOR A BODY OF	WATER				
(Title of the Invention)								
the specification of which								
is attached hereto OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Numbers	Country	Foreign Filing Dat (MM/DD/YYYY)	e Priority Not Claimed	Certified Copy Attached? YES NO				
			0	_ _ _				
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (MM/	Filing Date (MM/DD/YYYY)		Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

numbe

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112,											
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)		
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
As a named inventor, i hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business											
in the Patent and Trademark Office connected therewith: $oximes$ Customer Number $\underline{09355}$ OR											
Registered practitioner(s) name/registration number listed below.											
Name			Registration Number N			Name R			egistration Number		
<u> </u>			L							<u> </u>	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.											
Direct all corresponder	nce to:	×	☐ Customer Number or Bar Code Label 09355			_	OR Correspondence address below				
Name		Jacqueline E. Hartt									
Address		Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.									
Address	255 South Orange Avenue, Suite 1401 P.O. Box 3791										
City/State/Zip		Orlando, Florida 32802-3791									
Country	U	S		Telephone	T_{0}	(407) 84	1-233	30	Fax (407) 841-2343
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or First Inventor A petition has been filed for this unsigned inventor.											
Given Name (first and middle — [if any])				Family Name or Surname							
Thomas A. DeBusk											
Inventor's Signature	Nummer A.				DeBusk			Date 9 1 / 0	, 3		
Residence	Cocoa, FL			-	Country	ountry US			ip	US	
Post Office Address	3208 Westchester Drive										
City/State/Zip	Cocoa, FL 32926 Country US					US					
Additional inventors are being named on the supplemental additional Inventor(s) sheet(s) PTO/SR/024 attached hereto											